

NOV 03 2003

VIA FACSIMILE **IN DATE: 11/03/2003**
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

#4

In re application of Jamie Edelkind

Serial No.: 09/876,014
Filed: 06/07/2001Group Art Unit: 2133
Examiner: Not yet assigned

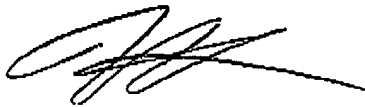
For: System and Method for Identification of Media by Detection of Error Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450Via Facsimile to TC2100: 703-746-7239
Total Pages with Cover: 7 pages

CERTIFICATE OF TRANSMISSION
UNDER 37 CFR §1.8

I hereby certify that a Request for Withdrawal as Attorney or Agent and Change of Correspondence Address for the application of Jamie Edelkind, for "System and Method for Identification of Media by Detection of Error Signature", Serial No. 09/876,014, is being facsimile transmitted to the U.S. Patent and Trademark Office on November 3, 2003.

Respectfully Submitted,

John K. Abokhair, Esq.
Registration No. 30,537
Roberts Abokhair & Mardula, LLC
11800 Sunrise Valley Drive, Suite 1000
Reston, Virginia 20191-5302
(703) 391-2900

November 3, 2003

Atty. Docket No. 2729-002


**IN DATE: 11/03/2003
VIA FACSIMILE**


PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/878,014	
	Filing Date	08/07/2001	
	First Named Inventor	Jamie EDELKIND	
	Art Unit	2133	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	07	Attorney Docket Number	2729-002

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; width: fit-content;">[See Remarks]</div>
<div style="border: 1px solid black; padding: 5px;"> Remarks This facsimile filing includes the following: 1. Certificate of Transmission under 37 CFR §1.8; 2. PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address; 3. Request for Withdrawal as Attorney or Agent; and 4. Attachments to Request for Withdrawal as Attorney or Agent (3 pages). </div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John K. Abokhair, Esq. Registration No. 30,537	
Signature		
Date	11/03/2003	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	John K. Abokhair, Esq. Registration No. 30,537	
Signature		Date 11/03/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/S9/83 (09-03)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/876,014
Filing Date	06/07/2001
First Named Inventor	Jamie Edelkind
Art Unit	2133
Examiner Name	Not yet assigned
Attorney Docket Number	2729-002

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

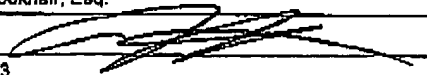
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: 1. Client has failed to pay bills for services within a reasonable amount of time.
2. There is no Office Action on this application.
3. No other action is pending at this time.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Apostille, Inc.		
Address	Attention: Jamie Edelkind		
Address	P.O. Box 395		
City	Hull	State	Massachusetts
		Zip	02045
Country	United States of America		
Telephone	781-925-5892	Fax	
Name	John K. Abokhair, Esq.		
Signature		Registration No.	30,537
Date	11/03/2003	Telephone No.	703-391-2900

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jamie Edelkind

Serial No.: 09/876,014

Filed: June 07, 2001

For: **System and Method for Identification of Media by Detection of Error
Signature**

Group Art Unit:

Examiner:



Enclosed please find the following:

1. Application to Withdraw as Attorneys of Record (PTO/SB/83);

**UNITED STATES
POSTAL SERVICE**

Date: 10/29/2003

RECEIVEDFax Transmission To: MELANIE VASQUEZ
Fax Number: 703-391-2901

BY:

Dear MELANIE VASQUEZ:

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Patents 20231

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